



John J. Barthelmes
Commissioner of Safety
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Director of Motor Vehicles

STATE OF NEW HAMPSHIRE
NH DEPARTMENT OF SAFETY
Division Of Motor Vehicles
23 Hazen Drive, Concord, NH 03305
603- 227-4120

- ☐ NEW
☐ RENEWAL
☐ LOCATION CHANGE
☐ NAME CHANGE
☐ DEALER #: _____

APPLICATION FOR RETAIL DEALER LICENSE AND REGISTRATION
RSA 261:103 & RSA 261:103-a

DEALER TYPE: ☐ NEW and/or USED ☐ MOTORCYCLE ☐ WHOLESALE ☐ BONDED ONLY

BUSINESS IS: ☐ CORPORATION ☐ PARTNERSHIP ☐ SOLE PROPRIETOR **SS/FED ID #:** _____

CORPORATE NAME: _____

TRADE NAME: _____

BUSINESS MAILING ADDRESS:
Street / RFD / P.O. Box Town / City Zip Code

BUSINESS LOCATION:
Street / RFD Town / City Zip Code

BUSINESS TELEPHONE NUMBER: _____ **FAX NO:** _____

BUSINESS EMAIL (optional): _____

BUSINESS HOURS (indicate days and hours pursuant to RSA 261:103 and SAF-C 2001:15):

Monday: _____ Tuesday: _____ Wednesday: _____
Thursday: _____ Friday: _____ Saturday: _____ Sunday: _____

OWNERS / PARTNERS / AND IF A CORPORATION, IN ADDITION, ALL OFFICERS:

Name	Home Address	Date of Birth	Title	Home Phone #

1. If a new applicant, have you attached a criminal background check for each Owner/Partner/Officer? YES ☐ NO ☐ If NO, explain the reason. _____
2. Is your business name registered with the Secretary of State's Office? YES ☐ NO ☐ (If YES, please attach a copy)
3. Is the required Dealer's Bond on file with the Division of Motor Vehicles (RSA 261:98)? YES ☐ NO ☐ If YES, please list the name of the insurance company. _____
4. Are you principally engaged in the motor vehicle business? YES ☐ NO ☐
5. If you are a Wholesale Dealer Applicant, are you exclusively engaged in selling to Dealers only? YES ☐ NO ☐
6. Are you a dealer in Motorcycles? YES ☐ NO ☐
7. Do you own or lease the premises? OWN ☐ LEASE ☐ If leased, a copy of the current lease must be provided.
8. Do you hold a manufacturer's franchise or contract? YES ☐ NO ☐ If YES, please provide the name of the Manufacturer.
9. Do you furnish an inspection service? YES ☐ Station # _____ NO ☐ If NO, please attach a Service Agreement
10. Is your location a permanent physical structure that has at least 750 square feet, or is primarily dedicated to the business of selling vehicles (RSA 259:29-a III (b)) YES ☐ NO ☐
11. What are the interior dimensions of your building? _____ feet by _____ feet.
12. Do you intend to sell motor vehicles? YES ☐ NO ☐ If YES, please check one: NEW ☐ USED ☐ BOTH ☐
13. Is your business name clearly and conspicuously displayed on a business sign in letters no less than 10 inches in height and clearly visible from a traveling vehicle on the adjacent public way? (RSA 259:29-a (c)) YES ☐ NO ☐
If NO, explain the reason _____

14. Do you agree to comply with all state and federal requirements regarding selling, titling and financing of vehicles? YES ☐ NO ☐
15. Have you or your business ever been convicted of a crime that has not been annulled by a court or your business ever been subject to a civil judgment connected with a motor vehicle business? YES ☐ NO ☐ If YES, please attach an explanation.

LIST PERSONS AUTHORIZED TO PURCHASE 20-DAY TEMPORARY PLATES ON BEHALF OF YOUR BUSINESS:

Person's Name (please print):

Person's Signature:

_____	_____
_____	_____
_____	_____
_____	_____

FOR RENEWAL ONLY:

- A. Has there been any change in ownership or location of this business which has not been previously reported in writing to the Director? YES ☐ NO ☐
- B. Please conduct a physical inventory of all plates issued to your business and list them by letter and location/assignment, in alphabetical order (attached additional sheet if necessary): _____

RENEWAL PLATE FEES:

First Plate: \$200.00
Each Additional Plate: \$12.00

MOTORCYCLE RENEWAL PLATE FEES:

First Plate: \$12.00
Each Additional Plate: \$3.00

LICENSE FEE:

\$125.00

APPLICANT'S CERTIFICATION

In consideration of our application for a vehicle dealer license, I, on behalf of the owners, partners and officers listed as part of this application, do hereby agree to be familiar with, and abide by all applicable statutes and dealer rules, to be principally engaged in the motor vehicle business who sells motor vehicles to the general public, or demonstrates for sale vehicles on consignment to the general public. I also certify that the location and operation of my business does not violate any existing local ordinance or regulations, and agree to notify the Director of the Division of Motor Vehicles in writing of any change of address or business status, including ownership, 30 days prior to the effective date of such change.

I further understand that a violation of any of the rules and regulations issued by the Director, Division of Motor Vehicles, will be deemed sufficient cause for an administrative hearing and penalties may be imposed.

OWNER'S NAME: _____	TITLE: _____
HOME RESIDENCE ADDRESS: _____	
HOME PHONE NUMBER: _____	OWNER'S DATE OF BIRTH: _____
OWNER'S SIGNATURE: _____	DATE: _____

This application is signed and any additional information is offered under the penalty of unsworn falsification pursuant to RSA 641:3.

MOTOR VEHICLE USE ONLY

Date Received: _____	Received By: _____
Date Reviewed: _____	Reviewed By: _____
Date Processed: _____	Processed By: _____

Additional Comments: _____
